

DATE 9/18/57

APPLICATION NUMBER 10554168

DOC CODE WFZE

DOC DATE 10/21/05

DELIVER THE ATTACHED FILE/DOCUMENT TO THE TC
SCANNING CENTER

CONTRACTOR: THE ATTACHED FILE/DOCUMENT MUST BE
INDEXED AND SCANNED INTO IFW WITHIN 8 WORK HOURS;
UPLOADING OF THE SCANNED IMAGES SHOULD OCCUR NO
LATER THAN 16 WORK HOURS
FOLLOWING RECEIPT OF THIS REQUEST

AFTER SCANNING, ORIGINAL DOCUMENTS SHOULD BE BOXED IN
ACCORDANCE WITH INSTRUCTIONS

22 JUN 2006

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/554168

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 60 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. & ISA = \$ 60 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	-1
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE			SEARCH FEE	500
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	50
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL		OR	TOTAL	1050

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	21	
Independent	7	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy